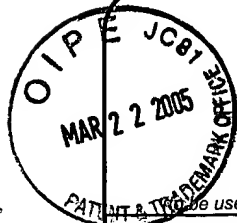


# 3764



# TRANSMITTAL FORM

Patent & Trademark Office used for all correspondence after initial filing)

Total Number of Pages in This Submission	16	Application Number	09/921,016
		Filing Date	August 3, 2001
		First Named Inventor	Glenn D. Austin
		Art Unit	3764
		Examiner Name	Michael A. Brown
		Attorney Docket Number	000717.00008

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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### Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Anthony W. Kandare		
Date	March 22, 2005	Reg. No.	48,830

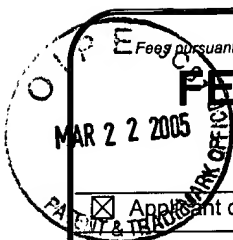
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **for FY 2005**

**Complete if Known**

Application Number	09/921,016
Filing Date	August 3, 2001
First Named Inventor	Glenn D. Austin
Examiner Name	Michael A. Brown
Art Unit	3764
Attorney Docket No.	000717.00008

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 60.00
**METHOD OF PAYMENT** (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 30 (including Reissues)					200	100
Multiple dependent claims					360	180
Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	
42	HP=	0	x	= 0	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.						0
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)		
5	HP=	0	x	= 0		
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x		= 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : One-Month Extension of Time

**Fees Paid (\$)**

60.00

**SUBMITTED BY**

Signature	<i>Anthony W. Kandare</i>	Registration No. (Attorney/Agent)	48,830	Telephone	202-824-3000
Name (Print/Type)	Anthony W. Kandare	Date	March 22, 2005		

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